PTO/SB/06 (12-04)

Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE;
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 8153 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) RATE (8) NUMBER FILED NUMBER EXTRA FOR RATE (\$) FEE (\$) FEE (\$) (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (f), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(I)) minus 20 a OR INDEPENDENT CLAIMS x x· minus 3 o (37 CFR 1.16(h)) If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FEE (37 CFR 1.18(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(8). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Catumn 3) SMALL ENTITY 12 SMALL ENTITY CLAIMS HIGHEST PRESENT NUMBER RATE (\$) RATE (\$) REMAINING ANE EXTRA AFTER PREVIOUSLY TIONAL FEE (\$) TIONAL FEE (\$) MENDMENT PAID FOR Minus Total 20 (07 OFR 1.10(2) 8 OR OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST PRESENT REMAINING RATE (\$) ADDI-RATE (\$) ADDI NUMBER AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA TIONAL TIONAL FEE (\$) 蓝 FEE (S) Minus ENDM (37 OFR 1.10(1) **OR** Independent (37 CFR 1.16(N)) Minum . OR . Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) OR TOTAL TOTAL OR ADD'L FEE ADO'L FEE

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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		CLAIMS AS	(Column		(Colum	nn 2)		SMALI TYPE	LEN		OR	OTHER SMALL	
TOTAL CLAIMS			/8					RAT	E	,FEE		RATE	FEE
OR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	710.00
OTAL CHARGEABLE CLAIMS		(X) minus 20=		•			X\$ 9	-		OR	X\$18=		
IDEPENDENT CLAIMS			2_ minus 3 =		•			X40			OR	X80=	
AULTIPLE DEPENDENT CLAIM P			RESENT				+135=) E		OR	+270=	,
tf t	he difference i	in column 1 is l	ess than ze	ro, ente	r "O" in c	olumn 2		TOT			OR		9/1
		LAIMS AS A		•			:					OTHER	44
6	13/05	(Column 1)		(Cotu	mn 2).	(Column 3)	_	SMA	ш	ENTITY -	OR	SMALL	ENTITY
2		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST ABER HOUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
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KEN	Independent	• 3	Minus		3	•]	X40) -		OR	X80=	
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ENT B			t to the	HIG NU PREV		(Column 3			FEE	1	OR		ADD TION
OMENT B	Total	CLAIMS REMAINING AFTER	Minus	HIG NU PREV	HEST MBER MOUSLY	PRESENT		ADDIT.	FEE	ADDI- TIONAL	OR	ADDIT. FEE	ADD TION
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	Independent	CLAIMS REMAINING AFTER AMENDMENT TO THE CONTROL OF ME (Column 1) CLAIMS	Minus	PRODE	MEST MBER MOUSLY D FOR MT CLAIM	PRESENT EXTRA		RATURN XS X44 +13	FEE 9= 0= 05=	ADDI- TIONAL FEE	OF OF	RATE X\$18= X80= +270= TOTA	ADD TION. FEE
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